

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



UGANDA



COUNTRY CONTEXT:

Size of population:	27,820,560 ¹
Life expectancy at birth:	51.59 years ²
Percentage of population under 15 years:	50.1% ³
Population below income poverty line of \$1 per day:	35% ⁴
Female youth literacy rate (ages 15-24):	74 % ⁵
Youth literacy rate (female rate as % of male rate, ages 15-24) ⁱ between 1995-1999:	86% ⁶
Median age at first marriage for women (ages 25-49) in 2000:	17.8 years ⁷
Median age at first sex among females (ages 20-24) ⁱⁱ in 2005:	16.7 years ⁸
Median age at first sex among males (ages 20-24) in 2005:	18.3 years ⁹
Health expenditure per capita per year:	\$77 ¹⁰
Contraceptive prevalence ⁱⁱⁱ :	23% ¹¹
Maternal mortality rate per 100,000 live births:	510 ¹²
Main ethnic groups: Baganda Ankole Basoga Iteso, Bakiga Langi Rwanda Bagisu Acholi Lugbara Batoro Bunyoro Alur Bagwere Bakonjo Jopodhola Karamojong Rundi non-African (European, Asian, Arab) other ¹³	
Main religions: Roman Catholic 33% Protestant 33% Muslim 16% indigenous beliefs 18% ¹⁴	
Main languages: English (official) Ganda or Luganda other Bantu languages Nilo-Saharan languages Swahili and Arabic ¹⁵	



AIDS CONTEXT:

Adult HIV prevalence rate in 2005:	6.4% ¹⁶
HIV prevalence rate in females (ages 15-24) in 2005:	4.3% ¹⁷
HIV prevalence in males (ages 15-24) in 2005:	1.0% ¹⁸
Number of deaths due to AIDS in 2005:	91,000 ¹⁹
Estimated number of orphans (ages 0-17) in 2005:	1,796,343 ²⁰



HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Uganda is one of the few countries where HIV prevalence has arguably declined over the last ten years.²¹ However, the rates are still high and young women (15-24 years) – 14% of whom have begun their sexual lives by age 15²² - are more than four times as likely to be infected with HIV than young men.²³ Among 15-19 year olds, this ratio is as high as six times.^{23a} This is partially caused by issues around early marriage and negotiation of condom use. In addition, 1 in 10 young women (15-24 years) report force at first sex, or higher risk sexual relations with a man 10 years older or more.²⁴ Young men (15-24 years) also have more than twice the number of average partners than their female counterparts.²⁵

In the last two years there have been reports of condom shortages²⁶ and the government has emphasis on abstinence rather than safe sex.²⁷ In the North of Uganda there is also a long standing conflict which puts girls and young women at risk of contracting HIV & AIDS through rape and issues of displacement.²⁸ Finally, the number of discordant couples in Uganda is increasing (5.4% of couples in 2005), and around 57% of married HIV infected individuals in 2005 had a non-infected partner, creating additional dimensions that make young women even more vulnerable to HIV.^{28a}

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN UGANDA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Program on AIDS (UNAIDS), United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Uganda. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Uganda**. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Uganda.

The Report Card is based on extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Uganda to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Uganda' (available on request from IPPF).

KEY POINTS:

- The minimum **legal age for marriage** is 18 years. But marriage of younger girls by parental arrangement is common, particularly in rural areas.²⁹
- The **age of consent for an HIV** test without parental or guardian approval is 12 years.³⁰
- All sexually active males and females are eligible for **sexual and reproductive health services**, without parental or partner consent.³¹
- **Abortion** is only permitted to save the life of the woman. It is not permitted in cases of rape or incest. In practice, illegal abortions are common, particularly among young women.³²
- **The Domestic Relations Bill:** addresses women's property rights in marriage; promotes equal sexual rights; prohibits female genital mutilation; regulates polygamy; and criminalizes widow inheritance and marital rape. However, it omits some issues, such as bride price, and questions remain about its enactment. In practice, sexual and gender-based violence is often unacknowledged and few girls or young women, especially those that are poor and/or in rural areas, are able to pursue justice.³³
- **Sex work** is illegal, but common. There are also reports of trafficking of girls and women.³⁴

QUOTES AND ISSUES:

- "I don't see how these **laws work**, I was married at the age of 15 but nobody intervened to stop me." (Focus group discussion with girls and young women)
- *"None of these laws are being implemented. Young women and girls have been raped and defiled, but the **law has not protected them**. Sometimes the families are ignorant of the laws, so they don't take action. Besides, most men bribe their way out of the police."* (Focus group discussion with girls and young women)
- "The laws affect girls differently, depending on their location. In the **rural areas**, most times the people do not have information in regards to the law and, even if they did, they don't have the money to follow up cases. So, they give up and always settle their grievances out of court." (Interview, Officer, women's organisation)
- *"The level of **child mothers** is increasing, but nobody ever bothers to investigate under what circumstances these young girls got pregnant or to bring the responsible men to book."* (Interview, Officer, women's organisation)
- "Right now, **abortion** is being done and, most times, not in the proper medical way - putting the young girls at risk. If it was legalised, people would seek appropriate services with proper treatment and care." (Interview, Coordinator, youth HIV and AIDS organisation)
- *"**Sex workers** are often left out because this is still a hard group to get to. The law is against their existence and there is a lot of stigma associated with their work."* (Interview, Officer, women's organisation)
- "The **underlying conditions** that increase the vulnerability of young women and girls to HIV infection have not been addressed. Poverty has been a greater player in increasing their vulnerability. Some young women born from poor families are forced into having sex in order to get their basic needs in life. Others have been orphaned and the care-takers are already over-burdened and not able to provide for them. There has also been a general increase in rape and defilement cases." (Interview, Counsellor, organisation for young people)





KEY POINTS:

- The National Strategic Framework for HIV/AIDS in Uganda 2000/1–2005/6 promotes a full **range and continuum of strategies**, including prevention, care, support and treatment. In practice, however, many policies and programmes increasingly focus on approaches based on abstinence and faithfulness.³⁵
- The National Strategic Framework for HIV/AIDS commits to a number of **youth and gender-friendly initiatives**. These include: raising awareness about the rights of children and young people and women; intensifying the development of life and psychosocial skills among young people; and reducing vulnerability, particularly among children, young people and women.³⁶
- National guidelines emphasise youth-friendly **voluntary counselling and testing**. For example, they promote the development of youth-friendly advertising and post-test clubs, non-judgemental attitudes among health care providers and support for young people that are vulnerable, such as those that are out-of-school.³⁷
- National guidelines promote the provision of voluntary counselling and testing within antenatal services, with all women testing positive being offered a range of services for **prevention of mother to child transmission**, including antiretroviral drugs.³⁸
- Government guidelines condemn discriminatory **HIV testing**, for example for employment purposes.³⁹
- The National Strategic Framework for HIV/AIDS promotes **HIV and AIDS education** and counselling to primary, secondary and tertiary level students. In 2001, the government incorporated the Presidential Initiative on HIV/AIDS Strategy for Communication to Youth (PIASCY) into the school curriculum. However, there are considerable concerns about the current **extent and content of sex education**, including that classes are allocated insufficient time and do not address issues in enough depth.⁴⁰
- Key **national data** (such as the Uganda Demographic Health Survey) is disaggregated by age and gender. This enables an analysis of how the HIV and AIDS context – and its impacts on girls and young women – are changing.⁴¹
- The Uganda HIV/AIDS Sero-behavioural survey 2004–2005 provides **gender disaggregated data** specific to HIV/AIDS. In addition, this survey provides information on **regional and rural-urban disparities** which are important when planning interventions on HIV prevention, treatment and care.^{41a}
- A **road map on prevention** has been developed to re-invigorate efforts within Uganda to reduce the national burden of infections.^{41b}



QUOTES AND ISSUES:

- “The government needs to come up with protocols and policies that are **comprehensive** and embrace correct information and messages - because the abstinence strategy alone cannot work for the youth.” (Interview, Coordinator, youth HIV and AIDS organisation)
- “*I was in a forum for young people and one presenter said don’t use **condoms** and another said use condoms. I wonder what type of message the young people who attended took home.*” (Interview, Coordinator, youth HIV and AIDS organisation)
- “The policy on condom use is clear - that everyone who wants to access them can. But recent **messages passed to young people are contradictory**. They de-campaign condoms and promote abstinence ... yet we know that young people, girls and boys, are sexually active.” (Interview, Counsellor, organisation for young people)
- “*It is the **unwritten policy** that is detrimental... If you have a well-written policy, but the people in power have a different orientation, then that becomes the policy in its own right.*” (Interview, Manager, sexual and reproductive health organisation)
- “The antiretroviral therapy policy - that children of 12 years can **consent** to an HIV test and therapy - has a big dilemma. These are still children and, at times, parents still want to have control. Much as this policy is good, the dilemma exists.” (Interview, Manager, sexual and reproductive health organisation)
- “*Today, schools are talking about **sex education** in a defensive way and not giving the whole package.*” (Interview, Officer, women’s organisation)
- “For **out of school** young people, there is a challenge because the mechanisms to deliver the education are not established.” (Interview, Manager, sexual and reproductive health organisation)



»» KEY POINTS:

- There are 1,738 health outlets, of which 1,226 belong to the Government, 465 belong to NGOs and 47 belong to the private sector⁴². A number of these outlets provide a range of **sexual and reproductive health services**, including 17 clinics and 47 outreach units supported by IPPF. However, there is often little integration of such services with those for HIV and AIDS.⁴³
- There are at least 400 sites for **voluntary counselling and testing** and 177 facilities for **prevention of mother-to-child transmission**. But coverage is limited, especially in rural areas, and services suffer poor supplies (e.g. of testing kits). Also, there are few community-based follow-up services, for example for young people who test HIV positive.⁴⁴
- Male **condoms** are available from many health and retail outlets, but have recently suffered poor supplies and little promotion. Female condoms are not widely available.⁴⁵
- By June 2006, 212 health facilities had been accredited as **centres for Antiretroviral therapy (ART)**. Over 188 of them were already providing ART. As of March 2006, 75,867 people were benefiting from the drugs. However, there are concerns that coverage is inadequate, partly due to low levels of 'treatment literacy' and hidden costs (e.g. for transport to facilities).⁴⁶
- There are some services, such as Health Alert and Uganda Young Positives, that provide support for **young people living with HIV**, including in relation to positive living and positive prevention^{iv, 47}.
- There have been efforts to increase **HIV prevention services**, including by establishing youth-friendly treatment centres. Services are provided by a variety of government and NGO agencies. Support can be comprehensive (including information, counseling, condom promotion, treatment for sexually transmitted infections, etc), but many initiatives increasingly focus on abstinence-only approaches. Also, most efforts are generic (targeting the general community, rather than girls and young women) and do not address the **underlying causes of vulnerability** (such as entrenched gender roles and lack of economic opportunities for females).⁴⁸
- There are few prevention services for **marginalised** young people, such as those involved in sex work or drug use.⁴⁹

iv. Positive prevention is defined as prevention for, and with, people living with HIV.

»» QUOTES AND ISSUES:

- "There are **more HIV services** than before. In the beginning, most people, including young girls, didn't have a reason to seek these services. But, with the introduction of antiretroviral therapy, they have realised there are benefits in knowing one's status." (Interview, Officer, women's organisation)
- "There is a gap between [HIV and AIDS] service provision and family planning services, especially for people living with HIV. This could be the **time to integrate** the two in Uganda." (Interview, Coordinator, youth HIV and AIDS organisation)
- "In the referral hospitals, **reproductive health services** are offered, but these are for everybody and the service providers are not out to reach the communities. They have attitudes which often scare away young people." (Focus group discussion with girls and young women)
- "The **boys are more informed** than the girls about the HIV preventive services.... Young men and boys in whichever locality have grown up knowing that they have to protect themselves. In town, you would find the young men with condoms in their wallets and pockets!" (Focus group discussion with girls and young women)
- "**Female condoms** need to be rejuvenated, so that the young women can protect themselves even if the boy refuses." (Focus group discussion with girls and young women)
- "I visited one hospital in a suburban town where a mother wanted to access the **prevention of mother to child transmission** program, but there were no testing kits for HIV, even though the nevirapine was there." (Interview, Officer, women's organisation)
- "**Information** is got from the mass media, like radio programmes. Also, sisters, brothers and friends talk about similar things. Very few parents talk to the children about HIV and AIDS." (Focus group discussion with girls and young women)
- "The **traditional 'aunties'** only tell you what you are supposed to do in marriage and not about HIV and AIDS." (Focus group discussion with girls and young women)
- "The **HIV prevalence** rate is still high. More and more young women are getting infected, despite the increase and improvement in preventive services." (Interview, representative, government HIV and AIDS agency)





KEY POINTS:

- In practice, there are multiple **social, practical and financial barriers** to girls and young women accessing services, including:
 - Judgemental attitudes of healthcare providers, parents and other community members.
 - Stigma associated with HIV and AIDS.
 - Inadequate youth-friendly services.
 - Distance to services and cost of transport.
 - 'Hidden costs' (e.g. prescription drugs).
 - Lack of privacy and confidentiality.
 - Unavailability of commodities.
 - Traditional norms of gender inequality.

Many of these barriers particularly affect girls and women in rural areas.⁵⁰

- Government guidelines commit to the provision of free **voluntary counselling and testing** in public health facilities. However, the cost of testing in other outlets can be prohibitive.⁵¹
- **Antiretrovirals** are free at some government outlets and distribution has increased. However, other factors, such as stigma and the cost of transport, can prevent young people from accessing them.⁵²
- **Condoms** are available for free in some health services. But their cost in other outlets, combined with the critical attitudes of some religious organisations, can make them inaccessible to some young people. In addition, statistics also highlight much lower levels of awareness in rural settings about condom use as source of HIV prevention.⁵³



QUOTES AND ISSUES:

- 'In the villages, the **condoms** are more expensive than in the town. The rural young women cannot opt to buy a condom... instead of buying food.' (Interview, Coordinator, youth HIV and AIDS organisation)
- "How can you introduce a condom in the house? Even if it was for family planning, women have been beaten for going [to a service] without the **consent of their husband**." (Interview, Officer, women's organisation)
- "One time I went to the **clinic**. I just joked with the nurse that I wanted to buy a condom. She laughed at me and called her colleague and told her 'Look at this daughter, she is becoming a harlot.' I felt very bad and left. But, when I went to the Youth Centre, I felt very comfortable and was given the condoms when I asked." (Focus group discussion with girls and young women)
- "In our culture **men are free** to do anything, but not women." (Focus group discussion with girls and young women)
- "When I was in my Senior 4, I got the courage to go and test. I visited a **government hospital**... I was in a queue with older people, they were all looking at me. Even before I tested, the mere mention that I wanted to do so implied to them that I had AIDS. They were gossiping in my presence. I took off. ...Last year, I went to the teenage centre... My HIV results were positive, but I was comforted, encouraged and referred to Uganda Young Positives for more support." (Focus group discussion with girls and young women)
- "Some years back, I visited a **government hospital** ...When I entered the doctor's room, he blasted me, asking me when and how I got the infection. I said to hell with treatment, I will never go back! It took me three years to seek medical care again." (Focus group discussion with girls and young women)
- "Most times, **young HIV positive girls** live in denial, stigma, shame and fear and, therefore, will not access services easily." (Interview, Counsellor, organisation for young people)
- "The **cost of the service** - in terms of money spent on the transport, the long queues one has to go through... and having to buy the medication - all combine to make it very expensive." (Interview, Officer, women's organisation)





KEY POINTS:

- Uganda signed the **Convention on the Rights of the Child** in 1997 and the **Convention on the Elimination of All Forms of Discrimination Against Women** in 1991. It has not signed the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages.⁵⁴
- The National Strategic Framework on HIV/AIDS commits to a **full range of rights**, including the right to life, the highest attainable physical health, participation in public life and non-discrimination.⁵⁵
- There are a number of local and national **support groups** for people living with HIV, all of which are potentially open to young people and some of which specifically target females. There are also a number of initiatives to build the capacity of people living with HIV, such as in advocacy skills.⁵⁶
- Key national decision-making bodies (such as the Uganda AIDS Commission and the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria) include **representatives of people living with HIV**.⁵⁷
- **Representatives of young people** are often asked to participate in national decision-making about HIV and AIDS. The Presidential Initiative on the AIDS Strategy for Communication to the Youth (PIASCY) commits to involving young people in positions of power. Also, the National Adolescent Health Policy recognises the critical role that young people can play in promoting their own health and development.⁵⁸
- In practice, however, the contribution of young people is often limited, due to their lack of **empowerment and skills**.⁵⁹



QUOTES AND ISSUES:

- “We operate within an **international framework**. The problem is with implementation.” (Interview, representative, government HIV and AIDS agency)
- “*We need to reinforce **people who are infected**, build their capacity, work with them and put them at the forefront in prevention.*” (Interview, Representative, government HIV and AIDS agency)
- “We have a missed opportunity - where young **boys could help in the prevention of HIV** and protection of their female partners. They have been socialised to be in the lead, but not to respect or protect females.” (Interview, Manager, sexual and reproductive health organisation)
- “*If **young positive people** were involved in sensitisations, it would make a great impact.*” (Focus group discussion with girls and young women)
- “We try **promoting equity** among men and women. However, reproductive health is perceived to be a feminine package.” (Interview, representative, government HIV and AIDS agency)
- “*What **inspires young people** to get involved in HIV prevention activities in their communities is the support that they receive from each other ... they meet friends who are experiencing similar problems and freely discuss HIV and AIDS without fear of being treated differently.*” (Focus group discussion with girls and young women)
- “We have tried in our country with **GIPA** [greater involvement of people living with HIV] ... There have been efforts to involve PLHIV in all forums, whether policy making or strategy design.” (Interview, representative, government HIV and AIDS agency)
- “*One sees an **old man** speaking on behalf of the youth. This is due to lack of empowerment.*” (Interview, Coordinator, youth HIV and AIDS organisation)
- “We need to give young women and girls **life skills** to be able to defend their rights... and improve their livelihoods.” (Interview, Coordinator, youth HIV and AIDS organisation)
- “*We need more investment in **addressing stigma** and making a rights-based approach a reality to managers and policy makers - so that people start talking of respecting, protecting and demanding their rights.*” (Interview, Manager, sexual and reproductive health organisation)





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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Uganda. These are that key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider:

1. Review and strengthen Uganda's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
2. Firmly enforce all existing legislation that protects the rights and sexual and reproductive health of girls and young women. Maximize the positive aspects of the **Domestic Relations Bill**, while introducing additional measures to address its gaps (e.g. in relation to bride price). Also, raise awareness about existing legislation, including through methods to reach rural populations with low literacy.
3. Ensure there is at least one **youth-friendly centre** in each district, providing a 'core package' of integrated sexual and reproductive health and HIV and AIDS services (including treatment for sexually transmitted infections, voluntary counselling and testing and antiretroviral therapy).
4. Proactively address the negative attitudes of **service providers**, including by systematically incorporating youth-friendly approaches into their training and taking action against those that act unethically, for example by breaching confidentiality.
5. Strengthen the commitment to women's health, to deal with the health impact of **unsafe abortion** as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Note that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.
6. Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for **sex workers**. This includes: addressing the economic, social, and gender-based reasons for entry into sex work; providing health and social services to sex workers; and providing opportunities for sex workers to find alternatives to sex work for those who choose to do so. In addition, specifically target populations at high risk, including persons in stable unions (married and cohabiting couples).
7. Promote universal access to **antiretroviral therapy**, while also promoting positive prevention. Ensure that girls and young women living with HIV, including those who are poor and in rural areas, can receive treatment in an environment that not only addresses their HIV status, but recognizes their needs relating to their gender and age.
8. Clarify the national policy on **condoms**. Ensure that they are readily available for free and/or at an affordable price, that they are actively promoted and that young people can use them without coercion, no matter their age, gender or marital status.
9. Clarify the national policy on **sex education** in schools. Ensure that such education includes attention to relationships and life skills, but also goes beyond this to address specific issues about HIV prevention and safer sex.
10. Promote models of HIV prevention programmes that offer adolescents and young people **wider choices** that include, but go beyond, abstinence. Back these up by ensuring that services can offer young people a reliable and adequate supply of a **broad range of information and commodities**, including male and female condoms, HIV tests and drugs.
11. Ensure that, whatever their context or audience, all **sexual and reproductive health and HIV and AIDS programmes** place particular emphasis on:
 - Building awareness and action on equitable **gender relations**, for example by addressing gender 'norms' (such as the acceptance of men having multiple sexual partners) and building life skills (such as listening skills).
 - Promoting the **involvement of boys/young men** and facilitate dialogue between them and girls/young women.
 - Addressing the underlying contributors to girls' and young women's **vulnerability**, such as by promoting income generating activities and opportunities to continue in education.
12. Raise awareness among **community leaders** about the importance of HIV prevention for girls and young women and their role in reducing stigma, addressing harmful cultural practices (e.g. wife inheritance) and enforcing national law (e.g. in relation to rape).
13. Facilitate the **participation of girls and young women**, particularly those living with HIV, in national planning and programming relating to HIV and AIDS, including through programmes to build their capacity in areas such as decision-making and public speaking.
14. Further integrate **adolescent sexual and reproductive health services (including antenatal care)** within the national response to HIV/AIDS, to deal both with the increasing inter-linkages between sexual and reproductive health and HIV and to maximise available opportunities at the service delivery level.

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